

Putting the “Patient Protection” Back in the “ACA”

Date:

Tuesday, February 18, 2014

Where did “Patient Protection” go? It precedes “Affordable Care Act” in the law’s official title. These days, though, everyone seems to reference only the “ACA” part. We at PolicyLab are guilty of this too.

The PPACA includes requirements for “Essential Health Benefits,” and boasts a Marketplace for consumer choice, but those are not the stories of the day. Instead, we read about children denied “in-network” access to Seattle Children’s Hospital because the hospital tiered too high (i.e., was too expensive for the quality of care delivered according to certain private insurers) for about half of the seven plans available to the Seattle-area on the Washington Exchange. Or, we read about individuals who are now being asked to cost-share for tests that they thought were preventive and free (e.g., a colonoscopy). These stories make it sound like the “patient protection” part of the law is not keeping pace with the PPACA’s coverage targets.

But it is not too late. The PPACA has consumer protections built into its bones; Section 2719 of the law requires that all plans in the Marketplace provide consumers with access to both an internal and external review process for any claim denials – and the access to internal reviews must be within 24 hours if the issue is urgent. (P.L. 111-148). Moreover, the insurance industry in general has been deeply regulated by state legislatures and the courts, which have been consumer protection watchdogs. Even before the PPACA was passed in 2010, 44 states and DC already had external review laws, giving consumers enrolled in private health insurance plans a third-party review of insurance company coverage denials. (Source: AHIP, 2008). Although states continue to play an important regulatory role in the health insurance market, the PPACA introduced broad national standards that insurance companies must now adhere to with regard to benefits coverage. For example, the PPACA strengthened consumer protection by changing how insurance companies set prices for individual consumers, including barring coverage discrimination based on pre-existing conditions or rescissions of coverage once an individual is covered by a plan.

As we wait for the consumer protection provisions of the PPACA to really activate, we invite you to take a simple pledge that we at PolicyLab have already taken. Stop saying or writing “ACA” and use the extra second it takes to add “Patient Protection” as a reminder to yourself and others that “patient protection” are the first words of the law and are important enough to say over and over again.



[Kathleen Noonan](#)

JD
Co-founder